



General Assembly

**Substitute Bill No. 5064**

February Session, 2012

\* \_\_\_\_HB05064PH\_\_\_\_031212\_\_\_\_ \*

**AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES' REPORTING REQUIREMENTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-451 of the 2012 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective October 1, 2012*):

4 (a) The Commissioner of Mental Health and Addiction Services  
5 shall be a qualified person with a masters degree or higher in a health-  
6 related field and at least ten years' experience in hospital, health,  
7 mental health or substance abuse administration.

8 (b) The commissioner shall be the executive head of the Department  
9 of Mental Health and Addiction Services.

10 (c) The commissioner shall prepare and issue regulations for the  
11 administration and operation of the Department of Mental Health and  
12 Addiction Services, and all state-operated facilities and community  
13 programs providing care for persons with psychiatric disabilities or  
14 persons with substance use disorders, or both.

15 (d) The commissioner shall coordinate the community programs  
16 receiving state funds with programs of state-operated facilities for the  
17 treatment of persons with psychiatric disabilities or persons with

18 substance use disorders, or both. In the event of the death of a person  
19 with psychiatric disabilities, who is receiving inpatient behavioral  
20 health care services from a Department of Mental Health and  
21 Addiction Services operated facility, the commissioner shall report  
22 such death to the director of the Office of Protection and Advocacy for  
23 Persons with Disabilities not later than thirty days after the date of the  
24 death of such person.

25 (e) The commissioner shall collaborate and cooperate with other  
26 state agencies providing services for [mentally disordered] children  
27 with mental disorders and adults with psychiatric disabilities or  
28 persons with substance use disorders, or both, and shall coordinate the  
29 activities of the Department of Mental Health and Addiction Services  
30 with the activities of said agencies.

31 (f) (1) The commissioner shall establish and enforce standards and  
32 policies for the care and treatment of persons with psychiatric  
33 disabilities or persons with substance use disorders, or both, in public  
34 and private facilities that are consistent with other health care  
35 standards and may make any inquiry, investigation or examination of  
36 records of such facilities as may be necessary for the purpose of  
37 investigating the occurrence of any serious injury or unexpected death  
38 involving any person who has within one year of such occurrence  
39 received services for the care and treatment of such disabilities from a  
40 state-operated facility or a community program receiving state funds.

41 (2) The findings of any such inquiry, investigation or examination of  
42 records conducted pursuant to this subsection shall not be subject to  
43 disclosure pursuant to section 1-210, nor shall such findings be subject  
44 to discovery or introduction into evidence in any civil action arising  
45 out of such serious injury or unexpected death. (3) Except as to the  
46 finding provided in subdivision (2) of this subsection, nothing in this  
47 subsection shall be construed as restricting disclosure of the  
48 confidential communications or records upon which such findings are  
49 based, where such disclosure is otherwise provided for by law.

50 (g) The commissioner shall establish and direct research, training,

51 and evaluation programs.

52 (h) The commissioner shall develop a state-wide plan for the  
53 development of mental health services which identifies needs and  
54 outlines procedures for meeting these needs.

55 (i) The commissioner shall be responsible for the coordination of all  
56 activities in the state relating to substance use disorders and treatment,  
57 including activities of the Departments of Children and Families,  
58 Correction, Public Health, Social Services and Veterans' Affairs, the  
59 Judicial Branch and any other department or entity providing services  
60 to persons with substance use disorders.

61 (j) The commissioner shall be responsible for developing and  
62 implementing the Connecticut comprehensive plan for prevention,  
63 treatment and reduction of alcohol and drug abuse problems to be  
64 known as the state substance abuse plan. Such plan shall include a  
65 mission statement, a vision statement and goals for providing  
66 treatment and recovery support services to adults with substance use  
67 disorders. The plan shall be developed by July 1, 2010, and thereafter  
68 shall be triennially updated by July first of the respective year. The  
69 commissioner shall develop such plan, mission statement, a vision  
70 statement and goals after consultation with: (1) The Connecticut  
71 Alcohol and Drug Policy Council established pursuant to section 17a-  
72 667, as amended by this act; (2) the Criminal Justice Policy Advisory  
73 Commission established pursuant to section 18-87j; (3) the subregional  
74 planning and action councils established pursuant to section 17a-671;  
75 (4) clients and their families, including those involved with the  
76 criminal justice system; (5) treatment providers; and (6) other  
77 interested stakeholders. [The commissioner shall submit a final draft of  
78 the plan to the Connecticut Alcohol and Drug Policy Council for  
79 review and comment.] The plan shall outline the action steps, time  
80 frames and resources needed to meet specified goals and shall  
81 minimally address: (A) Access to services, both prior to and following  
82 admission to treatment; (B) the provision of comprehensive  
83 assessments to those requesting treatment, including individuals with

84 co-occurring conditions; (C) quality of treatment services and  
85 promotion of research-based and evidence-based best practices and  
86 models; (D) an appropriate array of prevention, treatment and  
87 recovery services along with a sustained continuum of care; (E)  
88 outcome measures of specific treatment and recovery services in the  
89 overall system of care; (F) department policies and guidelines  
90 concerning recovery oriented care; and (G) provisions of the  
91 community reentry strategy concerning substance abuse treatment and  
92 recovery services needed by the offender population as developed by  
93 the Criminal Justice Policy and Planning Division within the Office of  
94 Policy and Management. The plan shall define measures and set  
95 benchmarks for the overall treatment system and for each state-  
96 operated program. Measures and benchmarks specified in the plan  
97 shall include, but not be limited to, the time required to receive  
98 substance abuse assessments and treatment services either from state  
99 agencies directly or through the private provider network funded by  
100 state agencies, the percentage of clients who should receive a treatment  
101 episode of ninety days or greater, treatment provision rates with  
102 respect to those requesting treatment, connection to the appropriate  
103 level of care rates, treatment completion rates and treatment success  
104 rates as measured by improved client outcomes in the areas of  
105 substance use, employment, housing and involvement with the  
106 criminal justice system.

107 (k) The commissioner shall prepare a consolidated budget request  
108 for the operation of the Department of Mental Health and Addiction  
109 Services.

110 (l) The commissioner shall appoint professional, technical and other  
111 personnel necessary for the proper discharge of the commissioner's  
112 duties, subject to the provisions of chapter 67.

113 (m) The commissioner shall from time to time adjust the geographic  
114 territory to be served by the facilities and programs under the  
115 commissioner's jurisdiction.

116 (n) The commissioner shall specify uniform methods of keeping  
117 statistical information by public and private agencies, organizations  
118 and individuals, including a client identifier system, and collect and  
119 make available relevant statistical information, including the number  
120 of persons treated, demographic and clinical information about such  
121 persons, frequency of admission and readmission, frequency and  
122 duration of treatment, level or levels of care provided and discharge  
123 and referral information. The commissioner shall also require all  
124 facilities that provide prevention or treatment of alcohol or drug abuse  
125 or dependence that are operated or funded by the state or licensed  
126 under sections 19a-490 to 19a-503, inclusive, as amended by this act, to  
127 implement such methods. The commissioner shall report any licensed  
128 facility that fails to report to the licensing authority. The client  
129 identifier system shall be subject to the confidentiality requirements set  
130 forth in section 17a-688 and regulations adopted thereunder.

131 (o) The commissioner shall establish uniform policies and  
132 procedures for collecting, standardizing, managing and evaluating  
133 data related to substance use, abuse and addiction programs  
134 administered by state agencies, state-funded community-based  
135 programs and the Judicial Branch, including, but not limited to: (1) The  
136 use of prevention, education, treatment and criminal justice services  
137 related to substance use, abuse and addiction; (2) client demographic  
138 and substance use, abuse and addiction information, including trends  
139 and risk factors associated with substance abuse; and (3) the quality  
140 and cost effectiveness of substance use, abuse and addiction services  
141 based upon outcome measures. The commissioner shall, in  
142 consultation with the Secretary of the Office of Policy and  
143 Management, ensure that the Judicial Branch, all state agencies and  
144 state-funded community-based programs with substance use, abuse  
145 and addiction programs or services comply with such policies and  
146 procedures. Notwithstanding any other provision of the general  
147 statutes concerning confidentiality, the commissioner, within available  
148 appropriations, shall establish and maintain a central repository for  
149 such substance use, abuse and addiction program and service data

150 from the Judicial Branch, state agencies and state-funded community-  
151 based programs administering substance use, abuse and addiction  
152 programs and services. The central repository shall not disclose any  
153 data that reveals the personal identification of any individual. The  
154 Connecticut Alcohol and Drug Policy Council established pursuant to  
155 section 17a-667, as amended by this act, shall have access to the central  
156 repository for aggregate analysis. [The commissioner shall submit a  
157 biennial report to the General Assembly, the Office of Policy and  
158 Management and the Connecticut Alcohol and Drug Policy Council in  
159 accordance with the provisions of section 11-4a. The report shall  
160 include, but need not be limited to, a summary of: (A) Client and  
161 patient demographic information; (B) trends and risk factors associated  
162 with alcohol and drug use, abuse and dependence; (C) effectiveness of  
163 services based on outcome measures; (D) progress made in achieving  
164 the measures, benchmarks and goals established in the state substance  
165 abuse plan, developed and implemented in accordance with  
166 subsection (j) of this section; and (E) a state-wide cost analysis.] The  
167 commissioner shall include a summary of the data maintained in the  
168 central repository in the state substance abuse plan developed in  
169 accordance with subsection (j) of this section.

170 (p) The commissioner may contract for services to be provided for  
171 the department or by the department for the prevention of mental  
172 illness or substance abuse in persons, as well as other mental health or  
173 substance abuse services described in section 17a-478 and shall consult  
174 with providers of such services in developing methods of service  
175 delivery.

176 (q) (1) The commissioner may make available to municipalities,  
177 nonprofit community organizations or self help groups any services,  
178 premises and property under the control of the Department of Mental  
179 Health and Addiction Services but shall be under no obligation to  
180 continue to make such property available in the event the department  
181 permanently vacates a facility. Such services, premises and property  
182 may be utilized by such municipalities, nonprofit community  
183 organizations or self help groups in any manner not inconsistent with

184 the intended purposes for such services, premises and property. The  
185 Commissioner of Mental Health and Addiction Services shall submit  
186 to the Commissioner of Administrative Services any agreement for  
187 provision of services by the Department of Mental Health and  
188 Addiction Services to municipalities, nonprofit community  
189 organizations or self help groups for approval of such agreement prior  
190 to the provision of services pursuant to this subsection.

191 (2) The municipality, nonprofit community organization or self help  
192 group using any premises and property of the department shall be  
193 liable for any damage or injury which occurs on the premises and  
194 property and shall furnish to the Commissioner of Mental Health and  
195 Addiction Services proof of financial responsibility to satisfy claims for  
196 damages on account of any physical injury or property damage which  
197 may be suffered while the municipality, nonprofit community  
198 organization or self help group is using the premises and property of  
199 the department in such amount as the commissioner determines to be  
200 necessary. The state of Connecticut shall not be liable for any damage  
201 or injury sustained on the premises and property of the department  
202 while the premises and property are being utilized by any  
203 municipality, nonprofit community organization or self help group.

204 (3) The Commissioner of Mental Health and Addiction Services may  
205 adopt regulations, in accordance with chapter 54, to carry out the  
206 provisions of this subsection. As used in this subsection, "self help  
207 group" means a group of volunteers, approved by the commissioner,  
208 who offer peer support to each other in recovering from an addiction.

209 (r) The commissioner shall prepare an annual report for the  
210 Governor.

211 (s) The commissioner shall perform all other duties which are  
212 necessary and proper for the operation of the department.

213 (t) The commissioner may direct clinical staff at Department of  
214 Mental Health and Addiction Services facilities or in crisis intervention  
215 programs funded by the department who are providing treatment to a

216 patient to request disclosure, to the extent allowed under state and  
217 federal law, of the patient's record of previous treatment in order to  
218 accomplish the objectives of diagnosis, treatment or referral of the  
219 patient. If the clinical staff in possession of the requested record  
220 determines that disclosure would assist the accomplishment of the  
221 objectives of diagnosis, treatment or referral, the record may be  
222 disclosed, to the extent allowed under state and federal law, to the  
223 requesting clinical staff without patient consent. Records disclosed  
224 shall be limited to records maintained at department facilities or crisis  
225 intervention programs funded by the department. The Commissioner  
226 of Mental Health and Addiction Services shall adopt regulations in  
227 accordance with chapter 54 to administer the provisions of this  
228 subsection and to ensure maximum safeguards of patient  
229 confidentiality.

230 (u) The commissioner shall adopt regulations to establish a fair  
231 hearing process which provides the right to appeal final  
232 determinations of the Department of Mental Health and Addiction  
233 Services or of its grantee agencies as determined by the commissioner  
234 regarding: The nature of denial, involuntary reduction or termination  
235 of services. Such hearings shall be conducted in accordance with the  
236 provisions of chapter 54, after a person has exhausted the department's  
237 established grievance procedure. Any matter which falls within the  
238 jurisdiction of the Psychiatric Security Review Board under sections  
239 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of  
240 this section. Any person receiving services from a Department of  
241 Mental Health and Addiction Services facility or a grantee agency  
242 determined by the commissioner to be subject to this subsection and  
243 who is aggrieved by a violation of sections 17a-540 to 17a-549,  
244 inclusive, may elect to either use the procedure specified in this  
245 subsection or file for remedies under section 17a-550.

246 (v) The commissioner may designate a deputy commissioner to sign  
247 any contract, agreement or settlement on behalf of the Department of  
248 Mental Health and Addiction Services.



249 (w) Notwithstanding the provisions of section 17b-90, chapter 899  
250 and to the extent permitted by federal law, in order to monitor and  
251 improve the quality of targeted case management services provided by  
252 the Department of Mental Health and Addiction Services and funded  
253 by the Medicaid program, the Commissioner of Mental Health and  
254 Addiction Services may enter into a memorandum of understanding  
255 with the Commissioner of Social Services that allows for the sharing of  
256 information concerning admissions to short-term acute care general  
257 hospitals and receipt of inpatient services by clients of the Department  
258 of Mental Health and Addiction Services who reside and receive  
259 services in the community and who receive medical benefits under the  
260 Medicaid program.

261 Sec. 2. Section 17a-667 of the general statutes is repealed and the  
262 following is substituted in lieu thereof (*Effective October 1, 2012*):

263 (a) There is established a Connecticut Alcohol and Drug Policy  
264 Council which shall be within the Office of Policy and Management for  
265 administrative purposes only.

266 (b) The council shall consist of the following members: (1) The  
267 Secretary of the Office of Policy and Management, or the secretary's  
268 designee; (2) the Commissioners of Children and Families, Consumer  
269 Protection, Correction, Education, Higher Education, Mental Health  
270 and Addiction Services, Motor Vehicles, Public Health, [Public Safety]  
271 Emergency Services and Public Protection, Social Services and  
272 Transportation and the Insurance Commissioner, or their designees;  
273 (3) the Chief Court Administrator, or the Chief Court Administrator's  
274 designee; (4) the chairperson of the Board of Pardons and Paroles, or  
275 the chairperson's designee; (5) the Chief State's Attorney, or the Chief  
276 State's Attorney's designee; (6) the Chief Public Defender, or the Chief  
277 Public Defender's designee; and (7) the cochairpersons and ranking  
278 members of the joint standing committees of the General Assembly  
279 having cognizance of matters relating to public health, criminal justice  
280 and appropriations, or their designees. The Commissioner of Mental  
281 Health and Addiction Services and the Commissioner of Children and

282 Families shall be cochairpersons of the council. The Office of Policy  
283 and Management shall, within available appropriations, provide staff  
284 for the council.

285 (c) The council shall review policies and practices of individual  
286 agencies and the Judicial Department concerning substance abuse  
287 treatment programs, substance abuse prevention services, the referral  
288 of persons to such programs and services, and criminal justice  
289 sanctions and programs and shall develop and coordinate a state-wide,  
290 interagency, integrated plan for such programs and services and  
291 criminal sanctions. [On or before January fifteenth of each year, the  
292 council shall submit a report to the Governor and the General  
293 Assembly that evaluates the plan and recommends any proposed  
294 changes thereto. In the report submitted on or before January 15, 1998,  
295 the council shall report on the progress made by state agencies in  
296 implementing the recommendations of its predecessor, the  
297 Connecticut Alcohol and Drug Policy Council established by Executive  
298 Order Number 11A, set forth in its initial report dated February 25,  
299 1997.] The Commissioner of Mental Health and Addiction Services  
300 shall include an evaluation of the council's plan and recommendations  
301 for any proposed changes to the council's plan in the state substance  
302 abuse plan developed in accordance with subsection (j) of section 17a-  
303 451, as amended by this act.

304 Sec. 3. Subsection (b) of section 19a-490h of the general statutes is  
305 repealed and the following is substituted in lieu thereof (*Effective*  
306 *October 1, 2012*):

307 (b) Each such hospital shall establish protocols for screening  
308 patients for alcohol and substance abuse. [and shall annually submit to  
309 the Department of Mental Health and Addiction Services a copy of  
310 such protocols and a report on their implementation.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	17a-451

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Sec. 2	October 1, 2012	17a-667
Sec. 3	October 1, 2012	19a-490h(b)

***Statement of Legislative Commissioners:***

In section 2(c), "commissioner" was changed to "Commissioner of Mental Health and Addiction Services" for clarity and accuracy.

***PH***        ***Joint Favorable Subst.-LCO***